



TOWN OF SELBYVILLE
1 W Church Street, Selbyville, DE 19975
TEL (302) 436-8314
selbyville.delaware.gov

DATE OF APPLICATION _____

ANNEXATION APPLICATION

APPLICANT INFORMATION
Name: _____
Mailing Address: _____
Delivery Address (if different): _____
Phone #(s): _____
Email: _____
Name of contact person/title: _____
PROPERTY INFORMATION
If different from applicant:
1. Owner's Name: _____
Address: _____
2. Owner's Name: _____
Address: _____
Tax Map and Parcel #: _____
Location Address: _____
Tax Map and Parcel #: _____
Location Address: _____

To be attached:

- Metes and bounds description.
- Recent survey of the property, including identification of that part to be annexed, if not the entire parcel.

Statement of reasons for annexation and grounds and support there of: _____

Zoning requested for annexed property and reasons therefor; mixed zoning will require separate metes and bounds descriptions of each parcel for the requested zoning district: _____

General description of project, including proposed name of project: _____

SEE SECOND PAGE



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Payment of fee due: \$_____

If any applicant is a partnership, the names and addresses of the individuals composing the partnership including all limited partners (to be attached).

If any applicant is a corporation, the name and address of each stockholder owning more than ten percent (10%) of the stock of the corporation, the name and address of each officer, and the name and address of each member of the board of directors or other governing body (to be attached).

If any applicant is a limited liability company, the names and the address of the individuals composing the company (to be attached).

Applicant's Signature

Date

OFFICE USE ONLY

Received by:_____ Date/Time:_____

Fee received by Town:_____ Date/Time:_____